



State Of California
California Commission On Teacher Credentialing
Box 944270
1900 Capitol Avenue
Sacramento, CA 94244-2700

Telephone:
(916) 445-7254 or (888) 921-2682
E-mail: credentials@ctc.ca.gov
Web site: www.ctc.ca.gov

EXCHANGE CERTIFICATED EMPLOYEE CREDENTIAL Verification of Information to Accompany Application

This is to certify that (name) _____ will be employed as _____ in the _____ school district if granted the exchange employee credential. The dates of service will be from _____ to _____.

The subject(s) we are requesting on this credential is/are _____.

- ☐ The CBEST Verification Transcript is enclosed, **or**
☐ We request a one-year preliminary exchange credential pending the passage of CBEST.

I further certify that the following information concerning this exchange is authentic:

1. Name of local employee to be exchanged _____
2. Type of credential held by local employee _____
3. Date of local board action authorizing the exchange _____
4. Name and/or location of public school (foreign, out-of-state) with which the exchange is to be made

5. Country, state, territory, or possession in which the public school (foreign, out-of-state) is located

6. The local district has official verification of the exchange teacher's fitness to perform the services requested in this credential
7. The district has given due consideration to the general qualifications and professional status of the proposed exchange employee as compared to the general qualifications and professional status of the employee to be exchanged

Signed by: _____
Superintendent of Employing School District (in California)

School District: _____

Date: _____